

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>July 10, 2014</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Rita Fehring</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Friends of Rita Fehring</u>		3. ELECTION DATE <u>August 7, 2014</u>	
4.a. CAMPAIGN ADDRESS AND PHONE <div style="display: flex; justify-content: space-between;"> <span>Street or Rural Route</span> <span>City</span> <span>State</span> <span>Zip Code</span> <span>Phone</span> </div> <u>424 Stone Ridge Drive Hixson TN 37343 (423) 870-1848</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <div style="display: flex; justify-content: space-between;"> <span>Street or Rural Route</span> <span>City</span> <span>State</span> <span>Zip Code</span> <span>Phone</span> </div>			
5. OFFICE SOUGHT (include district number, if applicable) <u>Democratic State Exec. Committee Dist 11</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Rita Fehring</u>	
7. CATEGORY OR REPORT (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FIRST QUARTER             <input checked="" type="checkbox"/> SECOND QUARTER             <input type="checkbox"/> THIRD QUARTER             <input type="checkbox"/> FOURTH QUARTER </div> <div> <input type="checkbox"/> PRE-PRIMARY             <input type="checkbox"/> PRE-GENERAL             <input type="checkbox"/> MID-YEAR SUPPLEMENTAL             <input type="checkbox"/> YEAR-END SUPPLEMENTAL </div> </div>			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>April 1, 2014</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>June 30, 2014</u>	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Rita Fehring</u> signature of candidate         </div> <div style="text-align: center;"> <u>7/10/14</u> date         </div> <div style="text-align: center;"> <u>Rita Fehring</u> signature of political treasurer         </div> <div style="text-align: center;"> <u>7/10/14</u> date         </div> </div>			
11. WITNESS SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">           _____ signature of witness         </div> <div style="text-align: center;">           _____ date         </div> <div style="text-align: center;">           _____ signature of witness         </div> <div style="text-align: center;">           _____ date         </div> </div>			
12. SUMMARY a. BALANCE ON HAND LAST REPORT ..... \$ <u>0</u> b. TOTAL RECEIPTS THIS PERIOD ..... \$ <u>1,650.00</u> c. TOTAL DISBURSEMENTS THIS PERIOD ..... \$ <u>98.33</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) ..... \$ <u>1,551.67</u> e. TOTAL LOANS OUTSTANDING ..... \$ <u>0</u> f. TOTAL OBLIGATIONS OUTSTANDING ..... \$ <u>0</u>			



## SUMMARY PAGE - CANDIDATE

<b>13. NAME OF CANDIDATE OR COMMITTEE (In Full)</b> <u>Rita Fehring</u>	<b>14. REPORT COVERING THE PERIOD</b> FROM <u>4-1-14</u> TO <u>6-30-14</u>
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**RECEIPTS**  
**15. CONTRIBUTIONS (other than loans and interest)**  
 a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 150.<sup>00</sup>  
 b. Itemized Contributions (over \$100 from each source this period) ..... \$ 1,500.<sup>00</sup>  
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 1,650.<sup>00</sup>  
**16. LOANS RECEIVED THIS REPORTING PERIOD** ..... \$ 0  
**17. INTEREST RECEIVED THIS REPORTING PERIOD** ..... \$ 0  
**18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)** ..... \$ 1,650.<sup>00</sup>

**DISBURSEMENTS**  
**19. EXPENDITURES (other than loan payments)**  
 a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)  

_____	\$ <u>98.33</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

 Total of Expenditures (\$100 or less each payee) ..... \$ 98.33  
 b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ \_\_\_\_\_  
 c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 98.33  
**20. LOAN REPAYMENTS MADE THIS PERIOD** ..... \$ 0  
**21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)** ..... \$ 98.33

**22. IN-KIND CONTRIBUTIONS**  
 a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ 0  
 b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ 0  
 c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... \$ 0

**23. OBLIGATIONS**  
 a. Unitemized Obligations Outstanding (\$100 or less each) ..... \$ 0  
 b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ 0  
 c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) ..... \$ 0



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Rita Fehring</b>				2. REPORT COVERING THE PERIOD FROM: <b>4-1-14</b> TO: <b>6-30-14</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>Paulina</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Wampler</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>1808 Hidden Harbor Rd</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>HIXSON</b>	State <b>TN</b>	Zip Code <b>37343</b>	Date of Contribution <b>5-22-14</b>		Amount of Contribution <b>500.00</b>
Occupation <b>RETIRED TEACHER</b>			Aggregate This Election <b>500.00</b>		
Employer <b>N/A</b>					
First Name <b>LISA</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Selvidge</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>7921 Diamondhead DR</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Ooltewah</b>	State <b>TN</b>	Zip Code <b>37363</b>	Date of Contribution <b>5-22-14</b>		Amount of Contribution <b>100.00</b>
Occupation <b>Home maker</b>			Aggregate This Election <b>100.00</b>		
Employer <b>N/A</b>					
First Name <b>Betty</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>BROOKS</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>9101 Amos Road</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Ooltewah</b>	State <b>TN</b>	Zip Code <b>37363</b>	Date of Contribution <b>6-6-14</b>		Amount of Contribution <b>500.00</b>
Occupation <b>RETIRED dairy Farmer</b>			Aggregate This Election <b>500.00</b>		
Employer <b>N/A</b>					
First Name <b>Charles</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Steinhice</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>8821 Winterberry Rd.</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Chattanooga</b>	State <b>TN</b>	Zip Code <b>37421</b>	Date of Contribution <b>6-27-14</b>		Amount of Contribution <b>100.00</b>
Occupation <b>Supervisor</b>			Aggregate This Election <b>100.00</b>		
Employer <b>BC/BS</b>					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<b>1,200.00</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>RITA Fehring</b>				2. REPORT COVERING THE PERIOD FROM: <b>6-1-14</b> TO: <b>6-30-14</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>1,200.00</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>Richard</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>BONNINGTON</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address <b>5873 LAKE RESORT TERR. Apt. C212</b>				Amount of Contribution <b>100.00</b>	
City <b>CHATTANOOGA</b>		State <b>TN</b>	Zip Code <b>37415</b>	Date of Contribution <b>6-21-14</b>	
Occupation <b>BUSINESSMAN</b>				Aggregate This Election <b>100.00</b>	
Employer <b>SELF EMPLOYED</b>					
First Name <b>BREDA</b>		Middle Name <b>S.</b>		Contribution Received For:	
Last Name/Organization Name <b>NUNN</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address <b>6456 BROOKMEADE CIRCLE</b>				Amount of Contribution <b>100.00</b>	
City <b>HIXSON</b>		State <b>TN</b>	Zip Code <b>37343</b>	Date of Contribution <b>6-21-14</b>	
Occupation <b>CLAIMS ADMINISTRATOR</b>				Aggregate This Election <b>100.00</b>	
Employer <b>UUMN</b>					
First Name <b>LARRY</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>HATLEY</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address <b>1316 GREENBROOK LANE</b>				Amount of Contribution <b>100.00</b>	
City <b>HIXSON</b>		State <b>TN</b>	Zip Code <b>37343</b>	Date of Contribution <b>6-21-14</b>	
Occupation <b>RETIRED</b>				Aggregate This Election <b>100.00</b>	
Employer <b>N/A</b>					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Amount of Contribution	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<b>1,500.00</b>

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>RITA Fehring</i>				2. REPORT COVERING THE PERIOD FROM: <i>4-1-14</i> TO: <i>6-30-14</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of In-Kind Contribution	
Occupation		Employer		Value of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of In-Kind Contribution	
Occupation		Employer		Value of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of In-Kind Contribution	
Occupation		Employer		Value of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of In-Kind Contribution	
Occupation		Employer		Value of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of In-Kind Contribution	
Occupation		Employer		Value of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					<i>0</i>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>RITA FEHRING</i>		2. REPORT COVERING THE PERIOD FROM: <i>4-1-14</i> TO: <i>6-30-14</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>OFFICE DEPOT (store 2156)</i>		<i>copies of Flyers</i>	<i>98.33</i>
Address <i>5756 Highway 153</i>			
City <i>HIXSON</i>	State <i>TN</i> Zip Code <i>37343</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			<i>98.33</i>



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">Rita Fehring</div>				2. REPORT COVERING THE PERIOD FROM: <div style="font-size: 1.2em; font-family: cursive;">4-1-14</div> TO: <div style="font-size: 1.2em; font-family: cursive;">6-30-14</div>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	
Last Name/Organization Name						Loan Payments	
Address				Loan Received For:		Date of Loan	
City		State		Zip Code		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code			
Amount Guaranteed Outstanding							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code			
Amount Guaranteed Outstanding							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code			
Amount Guaranteed Outstanding							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code			
Amount Guaranteed Outstanding							
4. Totals for all Loans (complete on last page of itemized loans)							
(Total loans received should also be shown in item 16, on summary page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	
(Total loan payments should also be shown in item 20, on summary page.)							
(Total outstanding loan balance should also be shown in item 12.e, on front page.)							





## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Rita Fehring</i>				2. REPORT COVERING THE PERIOD FROM: <i>4-1-14</i> TO: <i>6-30-14</i>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

